

Do residents or staff have any of the following symptoms (new or worsening)?

- Fever (of 37.8°C or above)
- Cough (with or without sputum)
- Loss of or change in sense of smell or taste (Anosmia)
- Sore throat
- Runny nose or congestion
- Sneezing
- Hoarseness
- Shortness of breath
- Wheezing

OR

A positive lateral flow or PCR test (with or without symptoms)

OR

Sudden decline in physical or mental ability without other known cause, eg delirium, new onset confusion, reduced alertness, reduced mobility, or diarrhoea.

If there are any symptomatic or positive residents, staff or care partners within your care home,

YOU MIGHT HAVE AN OUTBREAK

Contact the PHA Duty Room on 0300 555 0119 for a risk assessment and take infection control measures.

If you are concerned about a resident's clinical condition, contact their GP.

The Public Health Agency will:

- risk assess for evidence of transmission within the home;
- provide verbal and written advice on IPC measures;
- work with care home staff to facilitate access to clinical support, whole home testing and PPE as required.

Outbreak and infection control measures

Refer to PHA guidance for more detailed information

Hand hygiene and personal protective equipment

- Ensure that liquid soap and disposable paper towels are available at all hand wash sinks.
- Wash hands thoroughly using liquid soap and water, using the 'seven step technique'. Do this:
 - 1 Before patient contact
 - 2 Before a clean/aseptic procedure
 - 3 After body fluid exposure risk
 - 4 After patient contact
 - 5 After contact with patient surroundings
- Staff should wear single use plastic aprons, gloves and surgical masks when caring for residents. Eye protection may be required under certain circumstances. For detailed advice see <http://pha.site/COVID-IPC>



Cleaning and waste disposal

- Increase cleaning of the environment. Pay special attention to touch points and shared equipment eg hoists.
- Encourage using tissues to catch coughs and sneezes. Bin the tissue and kill germs by washing hands thoroughly with soap and water.
- Provide tissues and covered sputum pots for affected residents.
- Dispose of these and personal protective equipment as clinical waste.
- Provide foot-operated bin for used tissue disposal in public areas.
- Ensure proper cleaning and replacement of oxygen/nebuliser equipment.
- Affected residents laundry should be treated as infected.

Reducing exposure

- Isolate or cohort affected residents until 10 days from onset of symptoms. Isolation may be reduced following risk assessment and testing. See the care home isolation guidance link below.
- Follow social distancing and current guidance for unaffected residents.
- Admissions/transfers to the nursing home from a HSCT facility should only take place following a risk assessment on a case-by-case basis in line with current guidelines.
- No day centre attendance or group activities (individual therapies should continue where possible, unless the resident is self-isolating).
- No outpatient appointments unless deemed essential.
- Staff should work in separate teams: one team caring for affected residents and the other caring for unaffected residents, where possible.
- Agency and temporary staff should shower and put on a clean uniform before moving to another facility.
- Exposed staff should not attend external training.
- Staff with COVID-19 symptoms should self-isolate and seek a PCR test. If positive they should continue to self-isolate for 10 days. Isolation may be reduced following risk assessment and testing. See the care home isolation guidance link below.
- Visiting should be restricted.
- Identify hand hygiene point, with soap and water, for visitors on entering and leaving home. This practice must be reinforced during an outbreak.
- Nursing home should alert the Ambulance Service if a resident requires transfer to a HSCT facility.

Care home isolation guidance can be found here: <http://pha.site/guidance-healthcare>

Public Health Agency Duty Room 0300 555 0119.